

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 25 1944

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

4604

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Melba M. Vogel

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female / Color or race Wh / 6. (a) Single, widowed, married,  
divorced Married  
6. (b) Name of husband or wife Willard R. Vogel 6. (c) Age of husband or wife if  
alive 42 years  
7. Birth date of deceased February 21 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 2 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. \*Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William E. Arensmeyer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Sanders  
15. Birthplace New Minden Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Vogel

(b) Address 1125 S. Elm, Webster Groves, Mo.

17. (a) New Bethlehem (b) Date thereof 5/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) MAY 18 1944 (b) J. F. Breda  
(Date received at Registrar's Office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1125 South Elm Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th  
year 1944 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from 10-21-43  
to 5-12-44  
that I last saw her alive on May 17  
and that death occurred on the date and hour stated above.

Immediate cause of death Post Partum Hemorrhage Duration 4 hr

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Breda (M. D. or other)  
Address 687 N. Grand St. Date signed 5-15-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
.....  
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**